Indiana State Department of Health

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE A. BUILDING:	(X3) DATE SURVEY COMPLETED			
		012591	B. WING		03/21/2013		
NAME OF PI	ROVIDER OR SUPPLIER	STREET A	ODRESS, CITY, STA	TE, ZIP CODE			
DINAMIC	DINAMIC HEALTH CARE INC 7826 CALUMET AVE STE C MUNSTER, IN 46321						
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPF DEFICIENCY)	BE COMPLETE		
N 000	Initial Comments		N 000				
	This was an off-site h investigation survey.						
	Survey Date: Ma Facility Number: 012	rch 21, 2013 2591					
	•	emmelgarn RN					
	•	estigation, the agency was n 410 IAC 17-12-1(c)(3) and					
	Quality Review: Joyce March 2	e Elder, MSN, BSN, RN 22, 2013					
N 446	410 IAC 17-12-1(c)(3 administration/manag	- -	N 446				
	Rule 12 410 IAC 17-1	2-1(c)(3)					
	the supervising physic						
	administrator failed to nursing supervisor for	t as evidenced by: eview and interview, the employ a qualified alternate 1 of 1 agency with the patients of the agency.					
	The findings include:						
		s cited on 1/23/13 during a n. The facility failed to plan of correction to					

Indiana State Department of Health
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

(X6) DATE TITLE

Indiana State Department of Health

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				, a solesino.			
		012591	B. WING		03/	21/2013	
NAME OF PI	ROVIDER OR SUPPLIER	STREET AL	DRESS, CITY, STA	TE, ZIP CODE			
DINAMIC	HEALTH CARE INC		UMET AVE STE	С			
			R, IN 46321				
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN ((EACH CORRECTIVE A CROSS-REFERENCED TO DEFICIE	ACTION SHOULD BE O THE APPROPRIATE	(X5) COMPLETE DATE	
N 446	Continued From page	e 1	N 446				
	prevent recurrence.						
	 The accepted plan of correction received on 2/9/13 by Dinamic Health Care Inc. for the survey conducted on 1/23/13 indicated, "a new applicnt [sic] for alternate nursing supervisor [sic] will be submitted by 2/28/13." The administrator was interviewed via phone on 3/4/13 at 11:25 a.m. and indicated she had an applicant for the alternate nursing supervisor position who backed out of the position and had two new interviews scheduled for 3/4/13. The administrator indicated she would contact the Indiana State Department of Health (ISDH) by 3/18/13 with a status of the position and was aware Dinamic did not follow their plan of correction. 						
	Department of Health and indicated she had the alternate nursing would prefer the alternate administrator indicate recently went before Board for approval of was granted approval licensing agency woulicense for the alternate administrator indicates to ISDH reflectinglus a resume for anothe event the profess not indicate an active administrator by 3/21						
5. On 3/16/13, the Indiana State Department of Health received a letter from Dinamic which							

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Indiana State Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
			A. BUILDING:			
		012591	B. WING		03/21/2013	
NAME OF PI	ROVIDER OR SUPPLIER	STREET ADI	ORESS, CITY, STA	TE, ZIP CODE		
DINAMIC	HEALTH CARE INC		JMET AVE STE	: C		
			I, IN 46321			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE COMPLETE	
N 446	Continued From page	e 2	N 446			
	stated, "This letter is for [alternate adminis Alternate Director of I denied for not having license, on March 3, 2 the licensure board a Indiana license. She system as pending. [contacted the board t licensure and the [sic be active by 3/21/13." 6. The Indiana online was reviewed on 3/2 submitted as alternate of RN licensure indicator. The Indiana State not received any other for other another qua alternate nursing sup 3/21/13. 8. The Indiana State	to request reconsideration trator] to be approved for Nursing. Previously she was a valid Indiana State 2013 she appeared before and was approved for the is currently showing in the Alternate Administrator] o enquire about status of informed her that it should be licensing verification form administrator. The status ated "Pending Application." Department of Health had be decumentation for review lified candidate for the				
	supervisor position si	nce 5/3/12.				
N 454	410 IAC 17-12-1(d) Hadministration/manag		N 454			
	capable of being read	all be on the premises or ched immediately by phone, s. In addition, the person hergency; to staff;				

Indiana State Department of Health

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Indiana State Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	IDENTIFICATION NUMBER:		(X3) DATE SURVEY COMPLETED	
ANDIEAN	or contribution	IDENTIFICATION NOWIDER.	A. BUILDING:		OOM! LET	
		012591	B. WING		03/21/	/2013
NAME OF PI	ROVIDER OR SUPPLIER	STREET AL	DRESS, CITY, STA	TE, ZIP CODE		
DINAMIC	HEALTH CARE INC		UMET AVE STE	c		
	OLUMBA DV OT		R, IN 46321	220//2520 21 44 25 22225		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIC (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)	D BE	(X5) COMPLETE DATE
N 454	Continued From page	e 3	N 454			
		mount of time, given the				
	administrator failed to nursing supervisor for	t as evidenced by: review and interview, the employ a qualified alternate r 1 of 1 agency with the patients of the agency.				
	The findings include:					
	1. This deficiency was cited on 1/23/13 during a complaint investigation. The facility failed to implement a systemic plan of correction to prevent recurrence.					
	2. The accepted plan of correction received on 2/9/13 by Dinamic Health Care Inc. for the survey conducted on 1/23/13 indicated, "a new applicnt [sic] for alternate nursing supervisor [sic] will be submitted by 2/28/13."					
	on 3/4/13 at 11:25 a.r applicant for the alter position who backed two new interviews so administrator indicate Indiana State Departr	was interviewed via phone m. and indicated she had an nate nursing supervisor out of the position and had cheduled for 3/4/13. The d she would contact the ment of Health (ISDH) by of the position and was of follow their plan of				
	Department of Health and indicated she had the alternate nursing	contacted the Indiana State on 3/12/13 at 12:25 p.m. d a qualified candidate for supervisor position but nate administrator to also				

Indiana State Department of Health

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
		012591	B. WING		03	3/21/2013	
NAME OF PI	ROVIDER OR SUPPLIER	STREET AL	DDRESS, CITY, STA	TE, ZIP CODE			
DINAMIC	HEALTH CARE INC		LUMET AVE STE	С			
	CLIMMADY CT		R, IN 46321	DDOVIDEDIO DI ANI	OF CORRECTION		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN ((EACH CORRECTIVE A CROSS-REFERENCED TO DEFICIE	CTION SHOULD BE O THE APPROPRIATE	(X5) COMPLETE DATE	
N 454	Continued From page	e 4	N 454				
IN 404	serve as the alternate administrator indicate recently went before to Board for approval of was granted approval licensing agency wou license for the alternathe administrator inductor to ISDH reflectinglus a resume for anothe event the profession indicate an active administrator by 3/21/5. On 3/16/13, the In Health received a lett stated, "This letter is for [alternate administrator of Note that the profession of the event that the lett stated is for [alternate administrator of Note that the profession of the lett stated, administrator of Note that the profession of Note that the lett stated, administrator of Note that the lett stated, and the lett stated, administrator of Note that the lett stated, and the lett stated stated and the lett stated sta	e nursing supervisor. The d the alternate administrator the Indiana State Nursing RN licensure in Indiana and and the professional ld reflect an active RN the administrator by 3/21/13. icated she would submit a fing the information provided, other qualified individual in itenal licensing agency did RN status for the alternate d/13. diana State Department of the from Dinamic which the request reconsideration trator] to be approved for Nursing. Previously she was	IN 404				
	Indiana license. She system as pending. [contacted the board t licensure and the [sic be active by 3/21/13.] 6. The Indiana online was reviewed on 3/21 submitted as alternate of RN licensure indicator. The Indiana State	is currently showing in the Alternate Administrator] o enquire about status of informed her that it should in the licensing verification form administrator. The status ated "Pending Application."					
	not received any other documentation for review for other another qualified candidate for the alternate nursing supervisor position as of 3/21/13. 8. The Indiana State Department of Health has						

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
		012591	B. WING		03/	21/2013	
NAME OF PROVIDER OR SUPPLIER B. WING 03/21/2013 STREET ADDRESS, CITY, STATE, ZIP CODE							
DINAMIC HEALTH	DINAMIC HEALTH CARE INC 7826 CALUMET AVE STE C MUNSTER, IN 46321						
	EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN ((EACH CORRECTIVE A CROSS-REFERENCED TO DEFICIE	CTION SHOULD BE O THE APPROPRIATE	(X5) COMPLETE DATE	
been a	ued From page ware of the va sor position si	cated alternate nursing	N 454				

Indiana State Department of Health

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